

031904
17698 U.S.
TO

EXPRESS MAIL CERTIFICATE ER818813072US
ATTORNEY'S DOCKET NO.: HDI 103

Fee Only

THE COMMISSIONER FOR PATENTS
ARLINGTON, VA 22202

March 19, 2004

SIR:

TRANSMITTED HEREWITH FOR FILING IS A PATENT APPLICATION OF:

INVENTORS: GERARD H VURENS & KASRA KHAZENI
FOR: IMPROVED REFLECTANCE SURFACE ANALYZER

016834 U.S. PTO
10/804926
031904



ASSIGNEE IS A SMALL ENTITY AND RATES FOR A SMALL ENTITY APPLY.

ENCLOSED ARE:

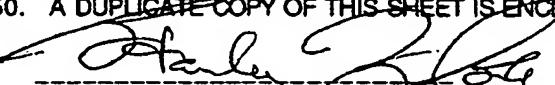
5 SHEETS OF DRAWINGS; A SPECIFICATION, CLAIMS AND ABSTRACT OF 19 PAGES;
A DECLARATION AND POWER OF ATTORNEY-1PAGE; ASSIGNMENTS BY THE INVENTORS TO HDI
INSTRUMENTATION OF 2 PAGES AND A COVER SHEET OF 1 MORE PAGE; A CREDIT CARD
PAYMENT FORM OF1 PAGE; AND, A POST CARD RECEIPT

CLAIMS AS FILED

RATES FOR A SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE	
					\$385
TOTAL CLAIMS	21	- 20	= 1	X \$9	= 9
INDEPENDENT CLAIMS	7	- 3	= 4	X \$43	= 172
				<u>TOTAL FILING FEE</u>	<u>\$566</u>

A CREDIT CARD PAYMENT FORM FOR \$606 (THE TOTAL COST OF FILING (\$566) &
RECORDING OF THE ASSIGNMENT (\$40)) IS ENCLOSED. THE COMMISSIONER IS HEREBY
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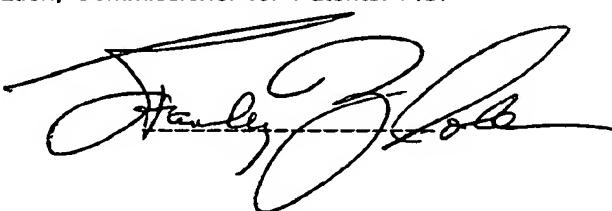

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March 19, 2004

I, STANLEY Z. COLE, hereby certify that this paper and attachments are being deposited with
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01 FC:2202 9.00 DA



PATENT APPLICATION SERIAL NO. _____

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
FEE RECORD SHEET

03/23/2004 STEUERL1 00000035 10804926

01 FC:2001	385.00	OP
02 FC:2201	172.00	OP

PTO-1556
(5/87)

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PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

HD 103
101809926

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	20	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	20 minus 20 =	0
INDEPENDENT CLAIMS	7 minus 3 =	4
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

Corrections CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	21	Minus	20 = 1
Independent	7	Minus	7 =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

SMALL ENTITY		OTHER THAN SMALL ENTITY	
RATE	FEES	RATE	FEES
BASIC FEE	385.00	OR BASIC FEE	770.00
XS 9=	0	OR XS18=	
X43=	172	OR X86=	
+145=	0	OR +290=	
TOTAL	557	OR TOTAL	

SMALL ENTITY		OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
XS 9=	9	OR XS18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT B		AMENDMENT C	
(Column 1)	(Column 2)	(Column 1)	(Column 2)
CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	Minus	Minus	Minus
Independent	Minus	Minus	Minus
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

AMENDMENT B		AMENDMENT C	
(Column 1)	(Column 2)	(Column 1)	(Column 2)
CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	Minus	Minus	Minus
Independent	Minus	Minus	Minus
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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